



Date Received _____ Operator No. _____ Cashier No. _____

Resource Indemnity Trust Tax

For Year Ending December 31, 20__

Coal Producers

Title 15, Chapter 38, Part 1, MCA

Federal ID _____

Name _____

Address _____

Telephone _____

Contact Name _____

Name of Mine _____

County _____

Section _____ Township _____ Range _____

School District _____

Quantity

Gross Revenue

\$ _____

Deductions

Black Lung Tax	\$ _____
Federal Reclamation Tax	\$ _____
Resource Indemnity Trust Tax	\$ _____
Coal Severance Tax	\$ _____
Coal Gross Proceeds Tax	\$ _____
Royalty Deduction	\$ _____

Total Deductions \$ _____

1. Contract Sales Price (gross revenue minus total deductions) \$ _____
2. Tax Rate (.4%)004
3. Tax (Minimum tax = \$25) line 1 times line 2 \$ _____
4. Late Pay Penalty (1½% per month) \$ _____
5. Interest (1% per month on tax and penalty) \$ _____
6. Total Amount Due (Add lines 3 thru 5) \$ _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief the information contained herein is true, correct, complete and in compliance with applicable Montana statutes and regulations.

Signature of Principal Officer or Agent

Date

Date due: On or before March 1st. Penalties and interest apply on all delinquent reports pursuant to 15-1-216, MCA.

Mail to: Montana Department of Revenue, P.O. Box 5805, Helena, MT 59604-5805